

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Hillman Terone FrazierAddress 2066 Queensroad Avenue, Jackson, MS 39213Telephone 601/982-1871 Fax _____Contact Name Hillman Frazier Email hfrazier27@bellSouth.netOffice Sought Senate District 27 Political Party Democratic☐ Check here if above is different from previous reportTYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2625. +\$ - 0 -	\$ 2625.00	\$ 2625.00
Total amount of disbursements	\$ 3888.81 +\$ 2769.44	\$ 6650.25	\$ 6650.25
Total amount of cash on hand		\$ 13,323.39	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Hillman Terome Frazie
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AstraZeneca Zeneca Services</u>	<u>07/01/10</u>	\$ <u>500.00</u>
Mailing Address <u>1800 Concord Pike, P.O. Box 15437</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Zeneca, Inc.</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental PAC</u>	<u>08/23/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Road, Suite C</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>State Farm</u>	<u>11/10/10</u>	\$ <u>500.00</u>
Mailing Address <u>197 Highway 515</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Ridgeland, MS</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Don Crouse</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Agent</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories Employee PAC</u>	<u>11/23/10</u>	\$ <u>325.00</u>
Mailing Address <u>100 Abbott Park Road</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Abbott Laboratories</u>	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Hillman Terome Frasier
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Homecare</u>	<u>12/07/10</u>	<u>\$ 300.00</u>
Mailing Address <u>134 Fairmont Street, Suite B</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>Mississippi Association for Homecare</u>	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 300.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company, LLC</u>	<u>12/20/10</u>	<u>\$ 500.00</u>
Mailing Address <u>Centene Plaza, 7711 Carondelet Ave.</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>St. Louis, MO 63105</u>	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	<u>\$ 500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>__/__/__</u>	\$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>__/__/__</u>	\$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Hillman Terone Frazier
 Reporting period January 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name <u>DISCOVER</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 960013</u>	<u>02/11/10</u>	\$ <u>989.68</u>
City, State, Zip Code <u>Orlando, FL 32896-0013</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>NBCSL Annual Meeting</u> <u>NBCSL Conf. Hotel, Ft. Lauderdale, FL + Airfare (Delta)</u>	Aggregate Year-to-date	\$
B. Full name <u>Clarion-Ledger</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 40</u>	<u>04/23/10</u>	\$ <u>250.00</u>
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name <u>Southern Legislative Conference</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1946 Clairmont Road</u>	<u>07/06/10</u>	\$ <u>350.00</u>
City, State, Zip Code <u>Decatur, GA 30033</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>350.00</u>
D. Full name <u>Charleston Place Hotel</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>08/15/10</u>	\$ <u>1020.50</u>
City, State, Zip Code <u>Charleston, SC</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Southern Legislative Conf. Annual Meeting Hotel</u>	Aggregate Year-to-date	\$ <u>1020.50</u>
E. Full name <u>Pearl River Custom Framing</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>868 Lowhead Dam Road</u>	<u>09/25/10</u>	\$ <u>265.00</u>
City, State, Zip Code <u>Levy, MS 39094</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name <u>National Black Caucus of State Legislators</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>444 North Capitol Street, NW, Suite 622</u>	<u>11/08/10</u>	\$ <u>475.00</u>
City, State, Zip Code <u>Washington, DC 20001</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Registration for Annual Conference</u>	Aggregate Year-to-date	\$ <u>475.00</u>